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SERIAL NUMBER 09/649,088	FILING DATE 08/07/2000 RULE	CLASS 370	GROUP ART UNIT 2661	ATTORNEY DOCKET NO. SHRIKUMAR
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**APPLICANTS**

Shrikumar Hariharasubrahmanian, Amherst, MA;

\*\* CONTINUING DATA \*\*\*\*\* *None*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None SB***IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 10/17/2000

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 11	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verifier and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>[Initials]</i>				

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ROBERT A. CESARI  
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BOSTON, MA 02201

**TITLE**

Systems and methods for combined protocol processing protocols

FILING FEE RECEIVED 1072	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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Bib Data Sheet

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## APPLICANTS

Shrikumar Hariharasubrahmanian, Amherst, MA ;

\*\* CONTINUING DATA \*\*\*\*\* Name *SB*\*\* FOREIGN APPLICATIONS \*\*\*\*\* Name *SB*

## IF REQUIRED, FOREIGN FILING LICENSE

GRANTED \*\* 10/17/2000

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MA	SHEETS DRAWING 11	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 5
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	<i>SB</i> Examiner's Signature	<i>SB</i> Initials			

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## TITLE

Systems and methods for combined protocol processing protocols

FILING FEE RECEIVED 1084	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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